

2 NEW TOWN COUNCIL
14-19109

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: Data Transform Consulting
BUSINESS STREET ADDRESS: 14203 SW 26 STREET ZIP 33325
BUSINESS MAILING ADDRESS: 14203 SW 26 STREET ZIP 33325
BUSINESS PHONE: 954 915-6711
DESCRIBE TYPE OF BUSINESS: Business Information Systems Cons.
BUSINESS IS: Corporation _____ Sole Proprietor ☒ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Jose D Bello</u>	<u>14203 SW 26 STREET</u>	<u>33325</u>	<u>954 915 6711</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2004, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

Jose D. Bello
Print Owner or Officers Name and Title

[Signature]
Signature of Owner or Officer

Office Use Only: Date <u>10-2-03</u> Category <u>04200</u> Fee <u>22.61</u> Rec# _____		Fee Exempt per Sec. 13-13 _____	New <input checked="" type="checkbox"/> Trans _____
License # <u>04-19109</u>	Control # <u>15549</u>	Zoning <u>R-1</u>	
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____	Zoning Approval <u>Yes</u>	Date <u>10/7/03</u>	
Town Council Date _____	Approved _____	Denied _____	
Tabled To _____	Approved _____	Denied _____	LOCATER ID <u>8784</u>

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

304015 01 0564

Phone Mail only

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